

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>X Michael Chertoff</i></p> <p>B. Received by (Printed Name) <i>Michael Chertoff</i> Date of Delivery <i>8/10/04</i></p> <p>C. Service Accepted in Official Capacity <i>Michael Chertoff</i></p>	
<p>1. Article Addressed to:</p> <p>Michael Chertoff, Secretary Department of Homeland Security c/o Office of General Counsel Washington, DC 20528</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2004</p>		<p>7006 0810 0004 0926 8256</p> <p>102595-02-M-1540</p>	